MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/525003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ᵃᵗ AMENDMENT		AFTER 2ᵃᵗ AMENDMENT			AS FILED		AFTER 1ᵃᵗ AMENDMENT		AFTER 2ᵃᵗ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7							57						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	6						TOTAL CLAIMS						